

FEB 19 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1204

1. PLACE OF DEATH *Little Sister of the Poor*
 County *Jackson* Registration District No. *399*
 Township *Jackson* Primary Registration District No. *1002*
 City *Kansas City, Mo.* (No. *5391*), *Highland Ave* St. _____ Ward _____

2. FULL NAME *Frank Kueger*
 (a) Residence, No. *1331 Highland Ave St.* Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. *70*
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widower*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 11 - 1850*

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<i>84</i>	<i>10</i>	<i>24</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Prussia*

13. NAME *Joseph Kueger*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

15. MAIDEN NAME *Emelia Muller*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT *Dr. Benedict*
 (ADDRESS) *5331 Highland Ave.*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *St. Marys* DATE *Jan 7th 1935*

19. UNDERTAKER *Lewis & Lakin Co*
 (ADDRESS) _____

20. FILED *Jan 15th 1935*
Corwin Ross
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 6, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 20th 1934* to *Jan 4th 1935*
 I last saw him alive on *Jan 4th 1935* Death is said to have occurred on the date stated above, at *6:15 P.m.*

The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset *3 Days*

Other contributory causes of importance: *1070*

Name of operation _____ Date of _____
 What test confirmed diagnosis *Physical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury _____, 19____
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) *Paul H. Rawke*
 (Address) *1402 Bryans Blvd, St. C. Mo*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

23
60
63

